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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

Lori A. Weaver
Interim Commissioner

Ellen M. Lapointe
Chief Executive Officer

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5395 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

July 7, 2023

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, NH 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital, to make a one-time unencumbered **Retroactive** payment to Northeastern Sheet Metal, Inc. (VC#155066), Goffstown, NH, for kitchen exhaust duct fabrication and installation in the amount of \$21,120, effective retroactive to May 1, 2023, upon Governor and Council approval; Source of Funds: 100% Federal (Provider Relief Funds)

Funds are available in the following account for State Fiscal Year 2024.

05-95-94-940010-2650 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, ARPA DHHS RURAL FUNDS

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2024	048-500226	Contract Repairs; Bldg. Grounds	94094060	\$21,120

EXPLANATION

This request is **Retroactive** due to the need to complete this work as soon as possible to ensure immediate compliance with The Joint Commission and State Fire Code requirements. The work was delayed while the Department attempted to secure additional quotes. The Department worked with the Department of Administrative Services and determined that there was no statewide contract available for these services. The Department then solicited quotes from three (3) contractors. The selected Contractor was the only contractor that was able to provide this service.

The purpose of this request is to pay for exhaust hood and ductwork fabrication at the Acute Psychiatric Services facility. Every four (4) months The Joint Commission and NH State Fire Code require the kitchen exhaust hood and duct work to be cleaned to prevent grease buildup, as the grease creates a fire hazard, in addition to a health hazard. This involves scraping the grease out of the exhaust ducts, then performing a

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Page 2 of 2

chemical wash, which completely cleans the ducts. During the last cleaning, multiple leaks were identified in the ductwork resulting in inadequate cleaning and a failed inspection.

Until the leaky ductwork repair work was completed, the exhaust system could not be cleaned, resulting in non-compliance with The Joint Commission and Fire Code requirements and increased safety risks.

Respectfully Submitted,



FW
Lori A. Weaver
Interim Commissioner



TEL: (603) 497-4166 FAX: (603) 497-8518

NESM CORP.

P. O. BOX 246
GOFFSTOWN, N. H. 03045

INVOICE NO.
00014309

INVOICE DATE
06/28/23

RECEIVED
JUL 05 2023
BUSINESS OFFICE
NH HOSPITAL

CUSTOMER :
NHHOS
NEW HAMPSHIRE HOSPITAL
121 SOUTH FRUIT ST
CONCORD, NH 03301

JOB :
PMMS24
NH HOSPITAL
CONCORD, N H

PO# : 1092272

P O # ORDERED BY TERMS:

1092272 T MERRILL

Quantity	Description	Price	Amount
1.00	PROVIDE LABOR AND MATERIALS FOR KITCHEN EXHAUST DUCT REPAIRS	21120.0000	21120.00
	1.00 FOR THE SUM OF		

Subtotals 21120.00

Net Amount Due ==> 21120.00

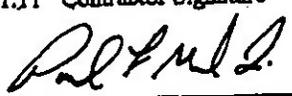
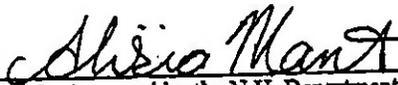
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Hospital		1.2 State Agency Address 36 Clinton St. Concord NH. 03301	
1.3 Contractor Name Northeastern Sheet Metal INC.		1.4 Contractor Address 31 Depot Street PO Box 246 Goffstown, NH 03045	
1.5 Contractor Phone Number 603-497-4166	1.6 Account Number 94094060-2650-048-500226	1.7 Completion Date 6/30/2023	1.8 Price Limitation \$21,120.00
1.9 Contracting Officer for State Agency Alisia Manter		1.10 State Agency Telephone Number 603-271-5972	
1.11 Contractor Signature  Date: 04/04/23		1.12 Name and Title of Contractor Signatory Paul F. Mead Jr. P.M.	
1.13 State Agency Signature  Date: 4/4/23		1.14 Name and Title of State Agency Signatory Alisia Manter - Buyer	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By: _____ On: _____			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

Contractor Initials 
Date **4-4-23**